MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00415

00412

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
07 COUNTY Cecil MARYLAND
21 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON
LENGTH OF STAY (in this place) LIFE
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 West High

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON 21
STREET ADDRESS (If rural give location) 113 W. High St 1

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) T. (Last) ALEXANDER

4. DATE OF DEATH: (Month) 1 (Day) 1 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Mar 12, 1879 | 9. AGE last birthday: 75 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail Road. | 10B. KIND OF BUSINESS OR INDUSTRY: Penn. R.R. | 11. BIRTHPLACE (State or foreign country): ELKTON, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James P. ALEXANDER | 14. MOTHER'S MAIDEN NAME: CLARA SULLIVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 716-01-6317 | 17. INFORMANT & ADDRESS: Mrs Lee Chillis 113 W High St ELKTON, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebral thrombosis	2 days
ANTECEDENT CAUSE (S)	(B) DUE TO Arteriosclerotic Cardio-Vascular Renal Disease	Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) DUE TO	

4428

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1947, to Jan 1 1955, that I last saw the deceased alive on Dec. 31 1954, and that death occurred at 7 45 A. M, from the causes and on the date stated above.

SIGNATURE S. Ralph Anderson Jr. M.D. ADDRESS Elkton Md. DATE SIGNED Jan. 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. | DATE THEREOF JAN. 4 55 | NAME OF CEMETERY OR CREMATORY ELKTON | LOCATION (City, town, or county) (State) ELKTON Md

DATE REC'D BY LOCAL REGISTRAR Jan 3 | REGISTRAR'S SIGNATURE H R Seager | 24. FUNERAL DIRECTOR Rippin Funeral Home ADDRESS ELKTON Md By [illegible] Rippin

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1955
BUREAU V. S.

Item 3: filed 12-25-55

00421

00416

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) ANNA (Middle) WINIFRED MARY (Last) AMOS
4. DATE OF DEATH (Month) 1 (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	White	Widowed	4-13-1868	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Gateshead-on-Tyne Eng.
12. CITIZEN OF WHAT COUNTRY: England

13. FATHER'S NAME: no information
14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Sidney Coleman Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Fractured left hip & Shock. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town)	(County)	(State)
	Home	Elkton	Cecil	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
1 11 55 2 P.M.		Fell in her room.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeDodson M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 1-16-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	1-17-56	Silverbrook	Wilmington Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 16	J. R. Frazer	Ralph W. Reed & Penny (Mr. Reed)	Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JAN 18 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00417

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH 00422
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 12yrs11mos6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY Bergen
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Englewood 67X-3
STREET ADDRESS (If rural give location) 76 James Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) R. (Last) BASSETT

4. DATE OF DEATH (Month) January (Day) 29, (Year) 1955

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div.
8. DATE OF BIRTH: November 5,1881
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Private Nursing
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200
IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Several days
DUE TO
ANTECEDENT CAUSE (B) Cardiac failure — 48 hours
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C) Arteriosclerotic heart disease — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Feb. 4, 1942 to Jan. 29, 1955 ~~that I last saw the deceased~~ and that death occurred at 9:25 PM, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services, M. D.
ADDRESS VAH., Perry Point, Md.
DATE SIGNED 1-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 1-31-55
NAME OF CEMETERY OR CREMATORY Brookside Cemetery
LOCATION (City, town, or county) (State) Englewood, New Jersey

DATE REC'D BY LOCAL REGISTRAR Jan 31, 1955
REGISTRAR'S SIGNATURE Ida M. Dougherty acting Reg.
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS PENNINGTON SON, Havre De Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
FEB 3 1955
BUREAU V. S.

00423

00418 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits write RURAL OR and give nearest town) X TOWN Cecilton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cecilton X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (First) FREDA (Middle) VIDELLA (Last) BELL
4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 19 66

5. SEX: F. 6. COLOR OR RACE: C. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 8. DATE OF BIRTH: 9-20-1904 9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Peanut. 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Elkton Md. 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Alfred Stewart 14. MOTHER'S MAIDEN NAME: Jean C. Bell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Jean C Bell, Cecilton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)
493X
Immediate cause (a) Pneumonia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R LeRoy Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1-27-66

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Jan 29 1966 NAME OF CEMETERY OR CREMATORY Cecilton Cem. LOCATION (City, town, or county) Cecilton (State) Md

DATE REC'D BY LOCAL REG. Feb 1 REGISTRAR'S SIGNATURE H B Freeman 24. FUNERAL DIRECTOR Edward Willard ADDRESS Millington Md

2094223385

RECEIVED
FEB 2 1955
BUREAU V. S.

00419

00424

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Warwick | LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Warrick~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print): (First) Cecelia (Middle) A. (Last) Brown
4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 12/13/88
9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Peter Ayers
14. MOTHER'S MAIDEN NAME: India Briscoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Charles Brown-Warrick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 420.0 (e) Coronary thrombosis — hours

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — years

(c) hypertensive cardiovascular disease — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Warwick — (COUNTY) — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1953, to 1/24, 1955, that I last saw the deceased alive on 1/15, 1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Harvey L. Koch — (Degree or title) M.D. — ADDRESS Middletown Md. — DATE SIGNED 1/25/55

23. BURIAL, CREMATION REMOVAL, (Specify) Burial — DATE THEREOF 1/28/55 — NAME OF CEMETERY OR CREMATORY Old Bohemia Cemetry — LOCATION (City, town, or county) (State) Warrick, Maryland

DATE REC'D BY LOCAL REG. Jan 27 — REGISTRAR'S SIGNATURE H Frazer

24. FUNERAL DIRECTOR Edw R Bell — ADDRESS 909 Poplar St.

VS. A15

RECEIVED
FEB 2 1955
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00425 CERTIFICATE OF DEATH

Reg. Dist. No. 00420 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place) 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMBIA COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON
STREET ADDRESS (If rural give location) 712 Fifth Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) (NONE) (Last) BROWN

4. DATE OF DEATH: (Month) JANUARY (Day) 8, (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: March 10,1894

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: IEASOR BROWN

14. MOTHER'S MAIDEN NAME: CAROLINE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: HOSPITAL RECORDS, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARDIO-RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 24 Hrs.

ANTECEDENT CAUSE (S) DUE TO (B) CARCINOMA OF THE STOMACH WITH METASTASES — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-5-55

19B. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy with biopsy of liver (inoperable gastric carcinoma).

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.14, 1954 to Jan. 8, 1955, [redacted] and that death occurred at 6:15PM, from the causes and on the date stated above.

SIGNATURE E. S. Ellis, M.D. ADDRESS Acting, Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 1/9/55

E. S. ELLIS, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL — DATE THEREOF 1-9-55 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. — LOCATION (City, town, or county) (State) Orange Burg, S. C.

DATE REC'D BY LOCAL REGISTRAR 1/10/55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS HALL BROS. FUNERAL HOME, 621 Fla. Ave., NW., Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00426 — Reg. Dist. No. du 421

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Conowingo Rural
LENGTH OF STAY (in this place): 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Conowingo Rural X
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Dora (Last) Caldwell

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Jan. 24 1889 | 9. AGE last birthday: 65 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: wn Home
11. BIRTHPLACE (State or foreign country): Ruralretreat Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cread Parks
14. MOTHER'S MAIDEN NAME: Sarah Ann Wisley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: John Caldwell Conowingo Md. R.D.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Acute Pulmonary Edema DUE TO	6 hrs
ANTECEDENT CAUSE (S)	(B) Myocardial Failure DUE TO	2 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) Arteriosclerotic Heart disease	15 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	15 yrs.

19A. DATE OF OPERATION: C
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1954 to Jan 14, 1955, that I last saw the deceased alive on Jan 14, 1955, and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE: Paul K. Kess D.O. M.D. — ADDRESS: Quarryville Pa. — DATE SIGNED: Jan 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan. 17 1955
NAME OF CEMETERY OR CREMATORY: Baptist Cem.
LOCATION (City, town, or county) (State): near Conowingo Md.

DATE REC'D BY LOCAL REGISTRAR: Jan 15-55
REGISTRAR'S SIGNATURE: Lem Worthington
24. FUNERAL DIRECTOR: J. Earl Tyson — ADDRESS: Rising Sun Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00422

00427

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
17 COUNTY Cecil MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 12 hours
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) Zion Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) W. (Last) CANNON

4. DATE OF DEATH: (Month) January (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-30-05

9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph W. Cannon

14. MOTHER'S MAIDEN NAME: Emma Wilby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 579 05 2215

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Diabetic coma acidosis severe	unknown
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Pneumonia, bronchial, left lower lobe	2 to 3 days
	DUE TO (C) Diabetes mellitus	unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-55, 19..., to 1-3-.., 1955, [redacted] and that death occurred at 8:50 a.m., from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M. D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 1-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 1-3-55

NAME OF CEMETERY OR CREMATORY Parsons

LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REGISTRAR Jan 3, 1955

REGISTRAR'S SIGNATURE Ida M. Douglas Lady Reg.

FUNERAL DIRECTOR Walter P. Holloway

ADDRESS HOLLOWAY & CO. Church St., Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
BUREAU V. S.

00428

00423 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland State Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Churchville R.F.D. 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) LAURA (Middle) Carter (Last) DERICKSON
4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	White	Widow	5-21-1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housework	Bel Air Rural Md.	U.S.A.

13. FATHER'S NAME: Franklin Carter
14. MOTHER'S MAIDEN NAME: Eva Stitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		—	Jon L Derickson, Darlington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Accident — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Derickson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 1-18-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jany 20/55	Mt. Zion Cemetery	R.F.D. Bel Air Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/20/55	[illegible]	Joseph F Slater Bel Air, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

00413

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00424

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY CECIL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 226 W. MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DELAWARE; COUNTY NEW CASTLE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL NEWARK RD #3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) A (Last) DEXTER
4. DATE OF DEATH: (Month) JAN. (Day) 9 (Year) 1955
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 23, 1875
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CONRAD SHERMAN
14. MOTHER'S MAIDEN NAME: ELIZABETH OTTREY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: HAROLD M DEXTER NEWARK, DEL. RD #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1954, to Jan 9, 1955, that I last saw the deceased alive on Jan 8, 1955, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title) M.D. ADDRESS: Elkton Md DATE SIGNED: Jan 9-1955

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: JAN. 12 1955
NAME OF CEMETERY OR CREMATORY: MT. EMBLEM CEM.
LOCATION (City, town, or county) (State): CHICAGO ILL.

DATE REC'D BY LOCAL REG.: Jan 10
REGISTRAR'S SIGNATURE: H F Frazer
24. FUNERAL DIRECTOR: R. E. Jones & Sons ADDRESS: Elkton Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00429 CERTIFICATE OF DEATH

Reg. Dist. No. 00425 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN RURAL - ELKTON
LENGTH OF STAY (in this place) 6 YRS
HOSPITAL OR INSTITUTION OR 00 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
STREET ADDRESS (If rural give location) ELKTON RFD #4 1

3. NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) E. (Last) DOWNEY

4. DATE OF DEATH: (Month) JAN. (Day) 26 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 13, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. BANKS

14. MOTHER'S MAIDEN NAME: HANNAH MEGGINSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MISS ANNA J. DOWNEY ELKTON, Md. RFD #4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Massive intestinal hemorrhage — Interval Between Onset And Death: 6 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of stomach — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2 ..., 1955, to Jan 26 ..., 1955, that I last saw the deceased alive on Jan. 26 ..., 1955, and that death occurred at 3.20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace W. Johnson M.D. ADDRESS Newark Del DATE SIGNED 1/27/55.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JAN. 29, 1955 NAME OF CEMETERY OR CREMATORY PRESBYTERIAN CEM. LOCATION (City, town, or county) NEW CASTLE (State) DEL.

DATE REC'D BY LOCAL REGISTRAR Jan 28 REGISTRAR'S SIGNATURE F.R. Fraser

24. FUNERAL DIRECTOR R. J. Jones Newark Del ADDRESS

VS. A15

FEB
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00439

CERTIFICATE OF DEATH

00426 97
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X U. S. Naval Hospital
MARYLAND
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital Bainbridge, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 30 River Street

3. NAME OF DECEASED: (Type or Print) (First) Colleen (Middle) (n) (Last) Duffy

4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3-4-22-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 8 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). ----

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Bainbridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Edward Duffy

14. MOTHER'S MAIDEN NAME: Charlotte Louise Knowlton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 491X (a) Bronchopneumonia, bilateral confluent

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6 ,1955, to 1-8 , 1955, that I last saw the deceased alive on 1-8 , 1955, and that death occurred at 0326 , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

LOY J. BROWN LT(MC) USN U. S. Naval Hospital, Bainbridge, Md. 1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 1-8-55

NAME OF CEMETERY OR CREMATORY Info. not available

LOCATION (City, town, or county) Arlington (State) Mass

DATE REC'D BY LOCAL REGISTRAR 1-10-55

REGISTRAR'S SIGNATURE Stanley E. Brandt

24. FUNERAL DIRECTOR'S ADDRESS V. L. A. Tallarico & Son Perryville, Md.

2034252416

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00431 **CERTIFICATE OF DEATH**

Reg. Dist. No. 00427 / 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Perryville
LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville — X
STREET ADDRESS (If rural give location) Aikin Avenue

3. NAME OF DECEASED: (Type or Print) (First) Errest (Middle) (Last) Edwards

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-22-1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Penna. Railroad

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Neeper Edwards

14. MOTHER'S MAIDEN NAME: Ida McVey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 146-01-7526

17. INFORMANT & ADDRESS: Mrs. Edith Edwards, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 331X (a) Cerebral Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteri-Sclerosis — DUE TO

(c)

Interval Between Onset And Death: Suddenly / 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1950, to Jan-27, 1955, that I last saw the deceased alive on Jan 27, 1955 and that death occurred at 3:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. H. Jenson M.D. ADDRESS Port Deposit, Md. DATE SIGNED Jan-26-1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-27-55 — NAME OF CEMETERY OR CREMATORY Principio Cemetery — LOCATION (City, town, or county) (State) Principio Furnace, Md.

DATE REC'D BY LOCAL REGISTRAR Jan 27, 1955 — REGISTRAR'S SIGNATURE Ida M. Draughty Actg Reg.

24. FUNERAL DIRECTOR ADDRESS Lee A. Patterson & Son, Box 157, Perryville, Maryland

VS. A15

RECEIVED
1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00432 **CERTIFICATE OF DEATH** Reg. Dist. No. 00428

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 106 N. Philadelphia Blvd.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) J. (Last) EHRLACHER
4. DATE OF DEATH: (Month) January (Day) 19 (Year) 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 8-28-88
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Allentown, Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Franz Ehrlacher
14. MOTHER'S MAIDEN NAME: Freida Koenig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 183-14-6003
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia, due to aspiration of — 1 to 2 days

ANTECEDENT CAUSE (B) DUE TO foreign substance (saliva)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — Unknown

DUE TO (C) Arteriosclerosis general (and encephalo-

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. malacia /small areas of brain/ due to arteriosclerosis) — Unknown

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18, 19 55 to 1-19, 1955, ~~I saw the deceased~~ and that death occurred at 10:50 P M, from the causes and on the date stated above.

SIGNATURE J.C. GRASBERGER, Acting Chief, Professional Services M. D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 1-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 1-20-55 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) Allentown, Pa.

DATE REC'D BY LOCAL REGISTRAR Jan 21, 1955 — REGISTRAR'S SIGNATURE Ida M. Daughaty (Deputy Reg.)

24. FUNERAL DIRECTOR PENNINGTON & SON — ADDRESS Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00414

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00429 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Chester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN West Chester
STREET ADDRESS (If rural, give location) 510 Sharpless St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FREMONT		FELL	1	2	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	White	Divorced	8-30-1914	40 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Service Manager	Chevrolet Motors	Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Harvey Fell	Mary Ingram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		328 Barnard St Dorothy Neuman, W. Chester Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 3 degree burns of face head — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Trunk and upper lower extremities — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21c. (City or town)	(County)	(State)
	Olivia Cottage	Earlville	Cecil	Md

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
1	2	55	a.M.			Flame Gas on Grass fire.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 1-2-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-6-55	Union Hill	Kennett Sq. Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 3	F R Frazier	Pippin Funeral Home. By C Thompson Pippin	Elkton Md

VS. A15A - 5 - 53

BUREAU V. C.

00415 MARYLAND STATE DEPARTMENT OF HEALTH 00430

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md.
STREET ADDRESS (If rural, give location) South St

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Ford
4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1955

5. SEX: F
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 29, 1872
9. AGE last birthday: 82 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: House.
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Ford.
14. MOTHER'S MAIDEN NAME: Adeade Carleton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Blanche Bowsby Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio vascular renal — 10 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Jan 28, 1955, that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 2 30 A. m., from the causes and on the date stated above.
SIGNATURE: Herbert Bates (Degree or title) M.D. ADDRESS: Elkton Md DATE SIGNED: Jan 29/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 30/55
NAME OF CEMETERY OR CREMATORY: Elkton
LOCATION (City, town, or county) (State): Elkton Md

DATE REC'D BY LOCAL REG.: Jan 30
REGISTRAR'S SIGNATURE: H H Trageser
24. FUNERAL DIRECTOR: Tippin Funeral Home ADDRESS: Elkton Md
By Mrs. Jenny Tippin

FEB
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00431

00433 **CERTIFICATE OF DEATH** Reg. Dist. No. 9/

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) FRANK (Middle) GEORGE (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: June 4, 1869 | 9. AGE last birthday 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest | 10B. KIND OF BUSINESS OR INDUSTRY: Saw Mill | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas George | 14. MOTHER'S MAIDEN NAME: Pauline Baba

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs. Mary George - Chesapeake City Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — 10 minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic Hypertensive Cd. Disease — 5 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fall down Stairs — 3 days

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) at home | 21C. WHERE DID INJURY OCCUR? (City or town) Chesapeake (County) Cecil (State) Md

21D. TIME OF INJURY (Month) Jan (Day) 6 (Year) 1955 (Hour) 7:30 PM | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? Fell down Stairs

22. I hereby certify that I attended the deceased from Jan 8, 1955, to Jan 10, 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE Henry T Doms M. D. ADDRESS Chesapeake City Md DATE SIGNED Jan 13 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan. 14, 1955 | NAME OF CEMETERY OR CREMATORY Delaney's Cem. | LOCATION (City, town, or county) Townsend - Rural (State) Del.

DATE REC'D BY LOCAL REGISTRAR Jan 13 - 1955 | REGISTRAR'S SIGNATURE Mrs Ralph H. Reed | 24. FUNERAL DIRECTOR Edward Fellows - Millington | ADDRESS Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

00434 — 2411 N. Charles Street, Baltimore — 00432/91

CERTIFICATE OF DEATH

Reg. Dist. No. 20-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earleville — LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON 14X-2
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) T. (Last) Hackett
4. DATE OF DEATH: (Month) January (Day) 25 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER
8. DATE OF BIRTH: 1889
9. AGE last birthday: 65 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM WORK
10b. KIND OF BUSINESS OR INDUSTRY: FARM LABOR
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE T. HACKETT
14. MOTHER'S MAIDEN NAME: ANNIE V. DUAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.: 212-12-0741
17. INFORMANT: CORINTHIA SUMMERVILLE WORTON, RFD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
Immediate cause (a) Carcinoma of Stomach. — Interval Between Onset and Death: 4 Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 19 54, to Jany 25, 19 55, that I last saw the deceased alive on Jany 24, 19 55, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE: Ernest L. Johnson — (Degree or title) M.D. — ADDRESS 245 E. High St. Elkton, Md. — DATE SIGNED Jany 26, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: JAN. 30, 1955 — NAME OF CEMETERY OR CREMATORY: FOUNTAIN CEMETERY — LOCATION (City, town, or county) (State): WORTON, MD.

DATE REC'D BY LOCAL REG. 1/30/55 — REGISTRAR'S SIGNATURE: Mrs. Ralph Reed mnl.

24. FUNERAL DIRECTOR: B.R. Fellows Still Pond, Md. — ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00436 CERTIFICATE OF DEATH

Reg. Dist. No. 00433

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place) 3 0 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aikin ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest to) OR TOWN Perryville
STREET ADDRESS (If rural give location) Aikin ave

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) E. (Last) Harris
4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	3-21-1881	73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Rail Road	Md.	U.S.A.

13. FATHER'S NAME: Samuel J. Harris
14. MOTHER'S MAIDEN NAME: Anna E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
no.	717-07-6057	Martha P. Harris, Perryville, Md

18. MEDICAL CERTIFICATION

-1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis — 8 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1954, to Jan 5, 1955, that I last saw the deceased alive on Jan 5, 1955, and that death occurred at 6 30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. F. Simon M. D. Port Deposit. Md - Jan - 7 - 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-9-1955	Principio	Principio Furnace Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 8, 1955	Irene L. Longstreth	Lua. Patterson & Son,	Perryville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00435 **CERTIFICATE OF DEATH** Reg. Dist. No. 00434 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X.5
STREET ADDRESS (If rural give location) 1404 Swann Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) SMITH (Middle) A. (Last) HEDGEMAN
4. DATE OF DEATH: (Month) January (Day) 25 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 11-14-1898
9. AGE last birthday 56 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Wide Water, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Hedgeman - Deceased
14. MOTHER'S MAIDEN NAME: Nannie Cole - Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 579-10-9103
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X
IMMEDIATE CAUSE (A) Gangrene, massive, of small bowel & stomach — 36 hours
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Adenocarcinoma of large bowel DUE TO — Approx. 5 years
(C) Metastatic lymph nodes — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 1-10, 1955 to 1-25, 1955, that I last saw the deceased alive on xxxxxxxxxxxxxxxx and that death occurred at 7:15 PM, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 1-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) removal
DATE THEREOF 1-27-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Jan. 31, 1955
REGISTRAR'S SIGNATURE Ida M. Dougherty
24. FUNERAL DIRECTOR PENNINGTON & SON
ADDRESS Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00435

00416 **CERTIFICATE OF DEATH** Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 8 days
21
65 HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21
STREET ADDRESS (If rural give location) 268 W. Main St 1

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) (Last) HURLEBUS

4. DATE OF DEATH: (Month) Jan (Day) 12 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Singlen | 8. DATE OF BIRTH. 9-17-1885 | 9. AGE last birthday 69 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Phillip Hurlebus | 14. MOTHER'S MAIDEN NAME: Rose Exler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 222-05-1552 | 17. INFORMANT & ADDRESS: Cecil Co. Welfare Board

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
490 Y IMMEDIATE CAUSE	(A) Pulmonary Edema	2 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Lobar Pneumonia DUE TO	1 week
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiovascular renal

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-, 1955, to 1-12-, 1955, that I last saw the deceased alive on 1-12-, 1955, and that death occurred at 6 55 P.M., from the causes and on the date stated above.
SIGNATURE J. Herbert Bates M. D. ADDRESS Elkton Md DATE SIGNED 1-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF Jan 15 | NAME OF CEMETERY OR CREMATORY Immaculate Conception | LOCATION (City, town, or county) Elkton (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 15 | REGISTRAR'S SIGNATURE J R Fraser | 24. FUNERAL DIRECTOR Pippin Funeral Home | ADDRESS Elkton

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00436

00437

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Perry Point
LENGTH OF STAY (in this place): 2yrs.9mo.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3 Vet 1-4
STREET ADDRESS (If rural give location): 1423 Tennent Way

3. NAME OF DECEASED (Type or Print): (First) MONICA (Middle) E. (Last) KLUGH

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-30-1915

9. AGE last birthday: 39 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 Hrs.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christopher A. Pfeifer

14. MOTHER'S MAIDEN NAME: Margaret Ann Bevan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 1 1X

IMMEDIATE CAUSE (A) Lobar pneumonia, right — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Carcinoma of cervix with generalized metastases to the chest and abdomen — Approx. 3 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: +

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3 , 19 52 to 1-28 , 19 55 that I last saw the deceased and that death occurred at 2:15 PM, from the causes and on the date stated above.

SIGNATURE: W. OPPLER, Chief, Professional Services M.D. — ADDRESS: VAH, Perry Point, Md. — DATE SIGNED: 1-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 1-28-55 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan 28, 1955 — REGISTRAR'S SIGNATURE: Ida M. Laughlin Actg Reg. — 24. FUNERAL DIRECTOR: Charles S. Zeiler — ADDRESS: CHARLES S. ZEILER, 2224 Eastern Ave., Balto. Md.

FEB 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00437

00438

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bainbridge
MARYLAND LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY DELAWARE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEWBORN UPP R DARBY X
STREET ADDRESS (If rural give location) 8513 Landsdowne (e b rt)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Alan (Last) March

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 1-1-55
9. AGE last birthday ____ yrs
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours 6 Min. 21

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): ---
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Orville March, Jr.
14. MOTHER'S MAIDEN NAME: Margaret Murray Slater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---
(If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. -----
17. INFORMANT & ADDRESS. Orville March, Jr. 254 Claffey Circle Manor Hgts. Port Deposit Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Atelectasis nec fetal #4440

ANTECEDENT CAUSE (B) DUE TO: Congenital hernia of diaphragm left leaf with hernia of viscera into left hemi-thorax

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Partial abruption placenta
True knot in umbilical cord

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1955, to 1-1-55, 19, that I last saw the deceased alive on 1-1, 1955, and that death occurred at 11:48 P.M., from the causes and on the date stated above.

SIGNATURE Merlin J. Johnson
ADDRESS
DATE SIGNED
MERLIN J. JOHNSON, LT MC USNR M. D. Bainbridge, Md. 1-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 1-4-55
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) (State) Upper Darby, Pa.

DATE REC'D BY LOCAL REGISTRAR 1-3-55
REGISTRAR'S SIGNATURE Dorothy B. Lundell
24. FUNERAL DIRECTOR AND ADDRESS W. A. Patterson & Son, Perryville Md. 2015253405

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00439

CERTIFICATE OF DEATH

Reg. Dist. No. 00438

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
07 COUNTY Cecil MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun
LENGTH OF STAY (in this place) 9 yrs.
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE d. COUNTY Cecil 07
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Harry (Last) Maxwell

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH: Oct. 28 1875
9. AGE last birthday 79 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Share Farming
11. BIRTHPLACE (State or foreign country): Port Deposit
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Maxwell
14. MOTHER'S MAIDEN NAME: Lydia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-32-0672
17. INFORMANT & ADDRESS: Mrs. Lydia Cameron Rising Sun Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of left lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO TB of Larynx.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1954 to 1-4., 1955 that I last saw the deceased alive on 1-3., 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE A. LeWoodson M. D. ADDRESS Rising Sun Md DATE SIGNED 1-5-55

23. BURIAL, CREMATION, REMOVAL: (SPECIFY) Burial
DATE THEREOF Jan. 7, 1955
NAME OF CEMETERY OR CREMATORY est Nottingham
LOCATION (City, town, or county) (State) Near Colora, Md.

DATE RECD BY LOCAL REGISTRAR Jan 6-1955
REGISTRAR'S SIGNATURE L.M. Worthington
24. FUNERAL DIRECTOR J. Earl Tyson ADDRESS Rising Sun. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00439

00440

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY: Cecil — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 5yrs.4mo.1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 7201 Truckers Road

3. NAME OF DECEASED (Type or Print): (First) ENOCH (Middle) (N.M.I) (Last) O'NEAL

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separated

8. DATE OF BIRTH: 5-5-1897

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10B. KIND OF BUSINESS OR INDUSTRY: Quartermaster Depot

11. BIRTHPLACE (State or foreign country): Atlanta, Ga.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry O'Neal

14. MOTHER'S MAIDEN NAME: Florence (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hoppital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: "

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO (B) (of the brain) Cortical degeneration of unknown etiology — Approx. 5 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13, 1949 to 1-14, 1955 that I last saw the deceased alive on [illegible] and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE AND ADDRESS: W. OPPLER, Chief, Professional Services M. D. VAH, Perry Point, Md.

DATE SIGNED: 1-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: 1-17-55

NAME OF CEMETERY OR CREMATORY: Marietta National

LOCATION (City, town, or county) (State): Marietta, Georgia

DATE REC'D BY LOCAL REGISTRAR: Jan. 17, 1955

REGISTRAR'S SIGNATURE: Ida M. Daugherty Actg. Reg.

24. FUNERAL DIRECTOR AND ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00441

CERTIFICATE OF DEATH

00440 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rising Sun Rural
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Joseph (Middle) Edwin (Last) Plumstead
4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: March 17, 1893
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Chemical
11. BIRTHPLACE (State or foreign country): Wiscasset Maine
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Asa W. Plumstead
14. MOTHER'S MAIDEN NAME: Antoninett McCarty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-01-0353
17. INFORMANT & ADDRESS: Mrs. Joseph Plumstead Rising Sun, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardio Renal Disease — 6

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Jan. 11, 1955 that I last saw the deceased alive on 1/10, 1955, and that death occurred at 8 A M, from the causes and on the date stated above.
SIGNATURE Neil R Taylor M.D. ADDRESS Rising Sun Md DATE SIGNED 1/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan 17 1955
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Wiscasset, Lincoln Co. Maine

(DATE REC'D BY LOCAL REGISTRAR) Jan 13-55
REGISTRAR'S SIGNATURE L M Mumington
24. FUNERAL DIRECTOR J. Earl Tyler ADDRESS Rising Sun Md

RECEIVED
JAN
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00442

CERTIFICATE OF DEATH

Reg. Dist. No. 96 00441

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 8mos,27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 419 - 20th Street, N.E.

3. NAME OF DECEASED: (Type or Print) (First) MILTON (Middle) ANDREW (Last) PROCTOR

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: February 18, 1925
9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholess Proctor
14. MOTHER'S MAIDEN NAME: Lena Fenwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 579-22-3422
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary edema and congestion bilateral — 3 to 4 days
ANTECEDENT CAUSE (S): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Lupus erythematosus disseminatus — 18 to 20 mo.
DUE TO
(C) Anasarca generalized — 3 to 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that X attended the deceased from 9-15, 1954, to 1-11, 1955 [illegible] and that death occurred at 9:07 AM, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M. D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 1-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 1-12-55 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Jan 12 1955 — REGISTRAR'S SIGNATURE Ida M Daughtry actg.
24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Md.

00443

00442 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Elkton RD I | LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton RD I
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
(Type or Print) CATHERINE J. RASNER.	1 19 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	White	Married	10-10-1877	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home Keeping	Queenstown Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Blackson	Mary Squires

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Timothy Rasner. Elkton RD 1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R LeDodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM ☐ DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/22/55	Elkton	Elkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 22	J R Bragen	A.W. Lippen Funeral Home By W.M. Lippen	Elkton Md

VS. A15A - 5 - 53

0C444 **MARYLAND STATE DEPARTMENT OF HEALTH** 00443

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Chesapeake City
LENGTH OF STAY (in this place): 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Morgan Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City X
STREET ADDRESS (If rural give location): Cecil 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillie	Eugene	Biddle	Jan	23	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	single	Sept 10 1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Cecilton, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Biddle
14. MOTHER'S MAIDEN NAME: Annie Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Georgie Morgan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Congestive Heart Failure — 2 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Lobar Pneumonia — 2 weeks

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1955, to Jan 23, 1955, that I last saw the deceased alive on Jan 23, 1955, and that death occurred at 1:48 a.m./p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wallace Oberndorf	M.D	Cecilton, Md	1-23-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 26 55	Bethel	near Chesapeake City, Md

DATE REC'D BY LOCAL REG. Jan 25-1955 | REGISTRAR'S SIGNATURE Geo Ralph D. Bell

24. FUNERAL DIRECTOR: Pippin Funeral Home — ADDRESS: Elkton, Md
By O. Kenny Pippin

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0444

00417

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) CLARA (Middle) (Last) ROWEN

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 19 55

5. SEX: F.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Chambers

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Martha Young - Cecilton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 wee l's

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Nephrosclerosis — years

DUE TO

(c) Arteriosclerotic Heart Disease — years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to Jan 15, 1955, that I last saw the deceased alive on Jan 15, 1955, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace C Henshaw, MD — ADDRESS Cecilton Md — DATE SIGNED 19 Jan 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 18, 1955 — NAME OF CEMETERY OR CREMATORY Cecilton Cem. — LOCATION (City, town, or county) (State) Cecilton Cecil Co. Md.

DATE REC'D BY LOCAL REGISTRAR Jan 20 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington Md.

VS. A15

00445

00445

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge (Enroute)
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital (Enroute)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible]. W.VA. COUNTY [illegible] KANAWHA
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN [illegible] CINCO
STREET ADDRESS (If rural, give location) [illegible] U.S. Naval Training Station [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Basil (Middle) Ray (Last) Shinn
4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 1955
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-22-16
9. AGE last birthday: 38 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Sailor
10b. KIND OF BUSINESS OR INDUSTRY: USN
11. BIRTHPLACE (State or foreign country): Big Chimney, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Otis Clayton Shinn
14. MOTHER'S MAIDEN NAME: Lura, Hazel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW2
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: U. S. Naval Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Compound Fracture of Skull DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fractured Rt. leg below knee DUE TO
(c) Lacerated Left leg
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Route 40
21c. (City or town) Havre de Grace (County) Harford (State) Md.
21d. TIME OF INJURY (Month) 1 (Day) 8 (Year) 55 (Hour) [illegible]
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Ran into back of truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-8-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1-11-55	The Five Mile Cemetery	Belle W. Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-10-55	Dorothy B. Trumble	Wm. A. Patterson & Son	Perryville Md.

RECEIVED
JAN 13 1965
BUREAU V. S.

00446

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00446 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH: 07 COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural LENGTH OF STAY in this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Colora Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) JANE (Last) SLICER

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Widow | 8. DATE OF BIRTH: 8-10-1869 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY: House Keeping | 11. BIRTHPLACE (State or foreign country): Leonardtown Md. | 12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Samson Fox | 14. MOTHER'S MAIDEN NAME: Emma Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs Phil Porter Edgewood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio Vascular Renal Disease — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. DATE SIGNED 1-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Jan 6 1955 | NAME OF CEMETERY OR CREMATORY West Nottingham Cem | LOCATION (City, town, or county) (State) Colora Md.

DATE REC'D BY LOCAL REG. Jan 3-55 | REGISTRAR'S SIGNATURE L M Washington | 24. FUNERAL DIRECTOR ADDRESS J. Earl Tyson Rising Sun Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00447 MARYLAND STATE DEPARTMENT OF HEALTH 00447

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown, Del - Rural — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown, Del - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) GARRETT (Last) SMITH III
DATE OF DEATH: (Month) Jan (Day) 23rd (Year) 1955

4. SEX	5. COLOR OR RACE	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	7. DATE OF BIRTH	8. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	W	Single	Aug 22, 1875	79 yrs.		

9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	9b. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (State or foreign country)	11. CITIZEN OF WHAT COUNTRY?
Real Estate Broker	Real Estate Broker	Dover, Dela	

12. FATHER'S NAME: James H. Smith
13. MOTHER'S MAIDEN NAME: Anna M. McKee
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
15. SOCIAL SECURITY NO.
16. INFORMANT AND ADDRESS: James H. Smith II Middletown, Del

17. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 163X Carcinoma, Lung — Interval between onset and death: 9 months.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION	18b. MAJOR FINDINGS OF OPERATION	19. AUTOPSY?
		Yes ☐ No ☒

20. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 2, 1954, to Jan 23, 1955, that I last saw the deceased alive on Jan 23, 1955, and that death occurred at 2.45 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Allen R. Cruchley	M.D.	115 A Broad St. Middletown, Del	1-24-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 26, 1955	Bethesda Methodist	Middletown	Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 26 - 1955	Mrs Ralph L. Bell	J. Foster Daniels	Middletown, Del

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00448

00418

CERTIFICATE OF DEATH

Reg. Dist. No. 9v

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 8 1/2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Margie (Middle) Jewel (Last) Stevens

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1955

5. SEX: Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 8. DATE OF BIRTH: 1-8-1955 9. AGE last birthday ~~8~~ yrs IF UNDER 1 YEAR Months Days 8 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 10B KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Elkton Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dennis Eller 14. MOTHER'S MAIDEN NAME: Alta Yvonne Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Immaturity - 32 wk. gestation - 3lbs 11z — INTERVAL BETWEEN ONSET AND DEATH 8 1/2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Premature Separation of Placenta DUE TO

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Jan, 1955, to 17 Jan., 1955, that I last saw the deceased alive on 17 Jan., 1955, and that death occurred at 11:45 A.M, from the causes and on the date stated above.

SIGNATURE Klaus H. Thulow M. D. ADDRESS No. 4th East Rd DATE SIGNED 17 Jan '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 1-18-55 NAME OF CEMETERY OR CREMATORY Methodist LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR Jan 18 REGISTRAR'S SIGNATURE J R Frazer 24. FUNERAL DIRECTOR Jesse R Grant ADDRESS North East Md

2015182312

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00419

CERTIFICATE OF DEATH

Reg. Dist. No. 00449 92

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 21 Elkton
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East X 1
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Gary (Middle) Nelson (Last) Sutton

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Nov 16 1954 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR: Months 2 Days 7 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Elkton, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles C Sutton
14. MOTHER'S MAIDEN NAME: Sarah Jane Armour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S ADDRESS: mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 IX

IMMEDIATE CAUSE (A) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 18 Hours

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 21 Jan, 1955, to 23 Jan, 1955, that I last saw the deceased alive on 23 Jan, 1955, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

SIGNATURE Klaus H. Thulner M.D. M. O. ADDRESS No. 4 East Rd DATE SIGNED 23 Jan '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-26-1955 | NAME OF CEMETERY OR CREMATORY Ebenezer | LOCATION (City, town, or county) (State) Rising Sun Rd Cecil Md

DATE REC'D BY LOCAL REGISTRAR Jan 25 | REGISTRAR'S SIGNATURE H B Frazer | 24. FUNERAL DIRECTOR Joseph R Mount | ADDRESS North East Md

20-32-7419

RECEIVED
JAN 28 1955
BUREAU V. S.

00448

00450 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 26

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Perry Point
LENGTH OF STAY (in this place) 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 1254-2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANCIS	J.	VINCENTI	January	28	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7-20-22	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tavern owner	Tavern	Havre de Grace, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Angelo Vincenti	Teresa Leonardi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW II	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	002X Pulmonary edema, terminal	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Tuberculosis, pulmonary, far advanced	unknown
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson, Rising Sun, Md. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1-26-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removal	1-28-55	Mt. Erin	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 31, 1955	Ida A. Dougherty acty Reg.	Pennington & Son PENNINGTON & SON, Havre de Grace, Md.	

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00451

00449

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) ALLEN (Last) VON HOFEN

4. DATE OF DEATH: (Month) January (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-11-96

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10B. KIND OF BUSINESS OR INDUSTRY: Cecil County Board of Health

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Von Hofen

14. MOTHER'S MAIDEN NAME: Ellen S. Mackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Coronary occlusion	Approx.2 hrs.
ANTECEDENT CAUSE (S) DUE TO	(B) Arteriosclerotic heart disease	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Diabetes mellitus	unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 1954, to 1-3, 1955, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 1-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 1-3-55

NAME OF CEMETERY OR CREMATORY North East Methodist

LOCATION (City, town, or county) (State) North East, Md.

DATE REC'D BY LOCAL REGISTRAR Jan 3 1955

REGISTRAR'S SIGNATURE Ida M. Hegarty asst Reg

24. FUNERAL DIRECTOR JOSEPH R. GRANT

ADDRESS North East, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 6 1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00452

00459 CERTIFICATE OF DEATH Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) T. (Last) Watson
4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 10, 1933
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Govt.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph T. Watson
14. MOTHER'S MAIDEN NAME: Grace P. Peters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-28-2018
17. INFORMANT & ADDRESS: Joseph T. Watson, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) anoxaemia — 1 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) acute leukemia — 7 months
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Jan. 22, 1955, that I last saw the deceased alive on Jan 22, 1955, and that death occurred at 1:45 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm Wollet M.D. Havre de Grace Jan 23, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-24-55
NAME OF CEMETERY OR CREMATORY Principio Cemetery
LOCATION (City, town or county) (State) Principio Furnace Md.

DATE REC'D BY LOCAL REGISTRAR Jan 24, 1955
REGISTRAR'S SIGNATURE Ida M. Daugherty acty Reg.
24. FUNERAL DIRECTOR Carr Patterson & Son
ADDRESS Perryville Md.

00420

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00453

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
LENGTH OF STAY (in this place): 62 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 127 Milbourn St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural give location): 127 Milbourn St

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) F. (Last) White

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 19[illegible]

5. SEX: Fe

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/24/92

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: GEORGE Hindman

14. MOTHER'S MAIDEN NAME: ANNIE CONGO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: John White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444 Immediate cause (a) Coronary Insufficiency — Interval between onset and death: 8 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ileus paralytic — 2 days

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 19 54, to January 30, 19 55, that I last saw the deceased alive on January 30, 19 55, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Johnson M.D. Elkton, Md. January 31, 19 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/3/55 — NAME OF CEMETERY OR CREMATORY: Bohemia Manor — LOCATION (City, town, or county) (State): Bohemia Manor Md.

DATE REC'D BY LOCAL REG.: Feb 3 — REGISTRAR'S SIGNATURE: H B Teague

24. FUNERAL DIRECTOR ADDRESS: Coppin Funeral Home Elkton Md.

By D.R.D.

RECEIVED
FEB 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00454

00451

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedar Hill
LENGTH OF STAY (In this place): 70 yrs.
MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Hill

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedar Hill
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/13/84

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Williams

14. MOTHER'S MAIDEN NAME: Laura-?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-10-8373A

17. INFORMANT: Warner J. Williams-Lincoln, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Cerebral accident — Interval between onset and death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertentension

(c) Chr. Interstitial nephritis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 19 55, to Jan 24, 19 55, that I last saw the deceased alive on Jan 18, 19 55, and that death occurred at 12:40 A. m., from the causes and on the date stated above.

SIGNATURE: James L. Johnson (Degree or title) M.D. ADDRESS: 245 E. 14th St. Elkton Md DATE SIGNED: 1/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/26/55
NAME OF CEMETERY OR CREMATORY: Griffin Cemetry
LOCATION (City, town, or county) (State): Cedar Hill, Maryland

DATE REC'D BY LOCAL REG.: Jan 26
REGISTRAR'S SIGNATURE: H B Frazer

24. FUNERAL DIRECTOR: Edward Bell ADDRESS: 909 Poplar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1955
BUREAU V. S.